



Docket No. 43966-CB/JPW/AG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Graham P. Allaway et al.

Serial No. : 09/904,356 Examiner: Jeffrey S. Parkin

Filed : July 12, 2001 Group Art Unit: 1648

For : METHODS FOR INHIBITING HIV-1 ENVELOPE GLYCOPROTEIN-MEDIATED MEMBRANE FUSION

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: November 2, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	16 -	* 20 =	*** X	\$25	\$50	=	0
Independent Claims	2 -	** 3 =	*** X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0.00			

- * The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
**** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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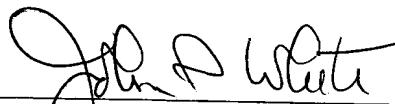
The following are also enclosed:

- One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No _____
and a fee of \$ 0.00 included)
 A Petition for an Extension of Time, including a fee of
\$ 510.00 for a Petition for 3 Month(s) Extension of Time
 Other (identify): Request for Continued Examination- \$395.00 filing
fee

THE TOTAL FEE DUE IS \$ 905.00.

- A check in the amount of \$ 905.00 is enclosed.
 Please charge Deposit Account No. _____ in the amount of
\$ _____.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
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John P. White Reg. No. 28,678	Date 11/12/06